

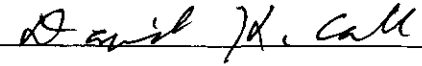
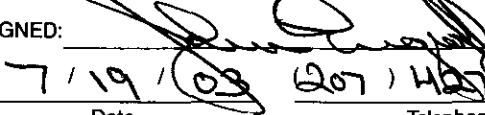


FORM LM-3 LABOR ORGANIZATION ANNUAL REPORT

FOR USE BY LABOR ORGANIZATIONS WITH LESS THAN \$200,000 IN TOTAL ANNUAL RECEIPTS

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use Only 	1. FILE NUMBER 030-757	2. PERIOD COVERED MO DAY YEAR From 07 01 2002 Through 06 30 2003	3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here:
	8. MAILING ADDRESS (Type or print in capital letters.) First Name JOHN Last Name ENGROFF P.O. Box • Building and Room Number (if any) PO BOX 308 Number and Street 16 BROADWAY City BAILEYVILLE State ZIP Code + 4 ME 04694-0308		
IMPORTANT P: JOHN ENGROFF 3 30757 ar CARPENTERS IND 01A je LU 2400 PO BOX 308 If: BAILEYVILLE, ME 04694 6 /2003 If:  through 8.			
4. AFFILIATION OR ORGANIZATION NAME United Brotherhood of Carpenters & Joiners			
5. DESIGNATION (Local, Lodge, etc.) Local 2400		6. DESIGNATION NUMBER	
7. UNIT NAME (if any)			
9. Are your organization's records kept at its mailing address? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (If "No," provide address in Item 56.)			
56. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.) Item Number			
Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)			
57. SIGNED:  7 '21'03 (202) 427-3844 Date Telephone Number		PRESIDENT (If other title, see instructions.) 58. SIGNED:  7 '19'03 (207) 427-6614 Date Telephone Number	
TREASURER (If other title, see instructions.)			

03-216-033/030757

During the Reporting Period Did Your Organization:

- | | Yes | No |
|--|-----|----|
| 10. Have a "subsidiary organization" as defined in Section X of the instructions? | | ✓ |
| 11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? | ✓ | |
| 12. Have a political action committee (PAC) fund? | ✓ | |
| 13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? | ✓ | |
| 14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? | ✓ | |
| 15. Discover any loss or shortage of funds or other property? | ✓ | |
| <i>(Answer "Yes" even if there has been repayment or recovery.)</i> | | |
| 16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan? | ✓ | |
| 17. Pay any employee salary, allowances, and other expenses which, together with any payments from affiliates, totaled more than \$10,000? | ✓ | |
| 18. Have loans totaling more than \$250 to any officer, employee, or member, or make any loans to a business enterprise? | ✓ | |

(If the answer to any of the above questions is "Yes," provide details in Item 56 on page 1 as explained in the instructions for each item.)

19. How many members did your organization have at the end of the reporting period? 37

20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? \$ 5000

21. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions?

Yes No

✓

(If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.)

22. What is the date of your organization's next regular election of officers? MO 08 YEAR 2005

23. What are your organization's rates of dues and fees?
(Enter a minimum and maximum if more than one rate applies for any line.)

Rates of Dues and Fees	
(a) Regular Dues/Fees	\$ <u>25.00</u> per <u>Month</u> <small>(Month, Year, etc.)</small>
(b) Initiation Fees	\$ <u>50.00</u>
(c) Transfer Fees	\$ _____
(d) Work Permits	\$ _____ per _____ <small>(Month, Year, etc.)</small>

24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

Enter Amounts in Dollars Only — Do Not Enter Cents

FILE NUMBER: 030-787

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances and Other Disbursements (E)	Total (F)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*			
1. CALL Last Name Title PRESIDENT	DAVID First Name Status C	1000		1000
2. SEAVEY Last Name Title VICE-PRESIDENT	HOWARD First Name Status C	500		500
3. BLAKE Last Name Title RECORDING-SECRETARY	CLAYTON First Name Status C	500		500
4. ENGAFF Last Name Title FINANCIAL-SECRETARY	JOHN First Name Status C	500		500
5. ENGAFF Last Name Title TREASURER	JOHN First Name Status C	500		500
6. Last Name Title	 First Name Status			
7. Last Name Title	 First Name Status			
8. Totals from additional pages (if any)				
9. Totals of Lines 1 through 8				
		10. Less Deductions		
Enter the Total from Line 11 in Item 45 ⇨		11. Net Disbursements 3000		

*Code for Status (C): past officer — P; continuing officer — C; new officer during the reporting period — N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 56 on page 1.)

Enter Amounts in Dollars Only — Do Not Enter Cents

FILE NUMBER: 030-7571

STATEMENT A ASSETS AND LIABILITIES	ASSETS	Start of Reporting Period (A)	End of Reporting Period (B)	LIABILITIES	Start of Reporting Period (C)	End of Reporting Period (D)
	Item			Item		
	25. Cash	9362	9887	32. Accounts Payable	0	9102
	26. Loans Receivable	0	0	33. Loans Payable	0	0
	27. U.S. Treasury Securities	0	0	34. Mortgages Payable	0	0
	28. Investments	0	0	35. Other Liabilities	0	0
	29. Fixed Assets	0	0	36. TOTAL LIABILITIES	0	9102
	30. Other Assets	0	0	37. NET ASSETS (Item 31 less Item 36).....	9362	260
	31. TOTAL ASSETS.....	9362	9887			

STATEMENT B RECEIPTS AND DISBURSEMENTS	CASH RECEIPTS	AMOUNT	CASH DISBURSEMENTS	AMOUNT
	Item		Item	
	38. Dues	9609	45. To Officers (from Item 24)	2000
	39. Per Capita Tax	0	46. To Employees (less deductions)	0
	40. Fees, Fines, Assessments & Work Permits	0	47. Per Capita Tax	3731
	41. Interest & Dividends	18	48. Office & Administrative Expense	233
	42. Sale of Investments & Fixed Assets	0	49. Professional Fees	413
	43. Other Receipts	0	50. Benefits	0
	44. TOTAL RECEIPTS	9627	51. Contributions, Gifts & Grants	2550
	<p>If total receipts reported in Item 44 are \$200,000 or more, your organization must file Form LM-2 instead of this form.</p>		52. Purchase of Investments & Fixed Assets	0
			53. Loans Made	0
			54. Other Disbursements	175
			55. TOTAL DISBURSEMENTS	9102